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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/230,060 08/29/2002
 which is a CIP of 09/537,118 03/29/2000
 which is a CIP of PCT/US97/17899 10/01/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 8
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS

24998
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TITLE

Buccal, polar and non-polar spray containing alprazolam

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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